

Date Submitted: _____



902 Elmgrove Road, Rochester, NY 14624 | Phone: 585-247-6446 | www.gateslibrary.org

Program Application

Presenter's Name: _____

Contact person: _____

Mailing Address: _____

E-mail: _____ Phone: _____

Presenter Bio:

Credentials/certification: _____

Target Audience: _____

Program Title: _____

Program Description: _____

Preferred Date(s): _____

Length of program: _____ Start time: _____ End time: _____

Technology Needs (check all that you will need the library to provide)

Computer _____ Projector _____ HDMI cable _____ VGA cable _____

Room Set Up:

Chairs: _____ Tables: _____ Other: _____

Configuration: _____

Supplies/Materials You Will Provide:

Cost of Program: _____

Make check payable to: _____

Audience/participant maximum: _____ (Maximum seating capacity is 60)

Additional Information: _____

Please attach any brochures and/or references you have and return this application to any service desk or email it to anna.souannavong@libraryweb.org. You will be contacted if a librarian is interested in your program.

Thank you for your submission.

Sincerely,

Gates Public Library Program Team